## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15**, **2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

## APPLICATION FOR

OMB Approval No. 0348-0043

| FEDERAL ASSISTA   | NCE                         | 2. DATE SUBMITTED Septembe  | er 15, 2003                           | Applicant Identifier                  |  |
|---|-----------------------------|---|---------------------------------------|---------------------------------------|--|
| 1. TYPE OF SUBMISSION:  |                             | 3. DATE RECEIVED B  | Y STATE                               | State Application Id                  | lentifier  |
| Application  Construction   | Preapplication Construction | 4. DATE RECEIVED B  | Y FEDERAL AGENCY                      |                                       |  |
| Non-Construction  | Non-Construction            | W DATE RESERVED B   | T TEDERAL AGENCY                      | rederal identilier                    |  |
| 5. APPLICANT INFORMATION  |                             |   |                                       |                                       |  |
| Legal Name:<br>Alpaugh Joint Power  |                             |   | Organizational Unit:                  |                                       |  |
| Address (give city, county, State   | , and zip code):            |   | Name and telephone                    | number of person to                   | be contacted on matters involving  |
| P.O. Box 262  |                             |   | this application (give a              | area code)                            | 1  |
| Alpaugh, CA 93201   |                             |   | (559) 651-100                         | Self-Help Enter<br>20 ext. 681        | rprises  |
| 6. EMPLOYER IDENTIFICATIO   |                             |   | 7. TYPE OF APPLICA                    | ANT: (enter appropria                 | te letter in box)  |
| 0 3 - 0 5 1 6   | 5 1 3                       |   | A. State                              | H. Independent Sch                    | G G  |
| 8. TYPE OF APPLICATION:   |                             |   | B. County                             |                                       | nstitution of Higher Learning  |
| ✓ New ☐ Continuation ☐ Revision   |                             |   | C. Municipal                          | J. Private University                 | · · · · · · · · · · · · · · · · · · ·  |
| If Revision, enter appropriate lett   | er(s) in hov(es)            |   | D. Township                           | K. Indian Tribe                       |  |
| If Revision, enter appropriate letter(s) in box(es)   |                             |   | E. Interstate F. Intermunicipal       | L. Individual  M. Profit Organization |  |
| A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): |                             |   | G. Special District                   | N. Other (Specify) _                  | on   |
| D. 20010430 Bahanon Oalen   | pecny).                     |   | 9. NAME OF FEDERA                     | AL AGENCY:                            |  |
|   |                             | -   | U.S.D.A. Rural D                      | evelopment                            | j  |
| 10. CATALOG OF FEDERAL DO   | MESTIC ASSISTANCE NUI       | MBER:   | 11. DESCRIPTIVE TIT                   |                                       | S DDO IFOT   |
| 10-760  |                             |   |                                       |                                       | 1  |
|   | L                           |   | Alpaugh Water S                       | ystem Rehabilita                      | tion Project.  |
| TITLE: Water & Was  | ste Disposal Systems fo     | or Rural Comm.  | Drill new well. Ins                   | tall water treatme                    | ent, storage, and is of water distribution   |
| 12. AREAS AFFECTED BY PRO   |                             | ,   | system.                               | . Izebiace bordoi                     | IS OF WATER DISTRIBUTION   |
| Town of Alpaugh and surrounding area, Tulare County, California.                              |                             | -   |                                       |                                       | RECEIVED   |
| 13. PROPOSED PROJECT  | 14. CONGRESSIONAL DIS       | TRICTS OF:  |                                       |                                       | OCT 1 0 2003   |
| Start Date Ending Date  | a. Applicant                |   | b. Project                            |                                       | 30.102003  |
| 45 POTIMATED SIMONIA  | 20th - Devir                |   |                                       | 20th- Devin Nu                        |  |
| 15. ESTIMATED FUNDING:  |                             |   |                                       |                                       | M. BALALY EXEQUANCE OF S   |
| a. Federal  | \$                          |   | ORDER 12372 PR                        | OCESS?                                |  |
| b. Applicant  | 1,                          | 933,000   | a. YES. THIS PREAF                    |                                       |  |
|   |                             | AVAILABLE<br>PROCESS F  | TO THE STATE EXE<br>FOR REVIEW ON:    | CUTIVE ORDER 12372                    |  |
| c. State  | \$ 2,                       | 100,000 ·   | DATE                                  | <del></del>                           | THE PROPERTY OF THE PROPERTY O |
| d. Local  | \$                          | .00   |                                       |                                       |  |
| e. Other \$   |                             | b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |                                       |                                       |  |
| f. Program Income   | \$                          | .00   |                                       |                                       |  |
| g. TOTAL  | \$                          |   |                                       |                                       | ANY FEDERAL DEBT?  |
|   | 4,0                         | 033,000   | Yes If "Yes," at                      |                                       |  |
| 18. TO THE BEST OF MY KNOW<br>DOCUMENT HAS BEEN DULY A<br>ATTACHED ASSURANCES IF T            | NUTHORIZED BY THE GOVE      | ERNING BODY OF THE  | TION/PREAPPLICATION APPLICANT AND THE | ON ARE TRUE AND<br>APPLICANT WILL     | CORRECT, THE<br>COMPLY WITH THE  |
| a. Type Name of Authorized Repre<br>Rick Sroka  | esentative b.               | . Title<br>Chairman   |                                       | : Telephone Number<br>(559) 949-8199  |  |
| d. Signature of Applitud Represe  | entrive Looka               |   |                                       | e. Date Signed                        | 3  |

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

| APPLICATION FOR                                     | or                 | 2. DATE SUBMITTED  |                             | Applicant Identifier                       |  |  |  |
|---|--------------------|--|-----------------------------|--|--|--|--|
| FEDERAL ASSISTAN                                    | CE                 | 8/8/2003   | 3                           |  |  |  |  |
| 1. TYPE OF SUBMISSION:                              |                    | 3. DATE RECEIVED BY STAT   | E                           | State Application Identification           | er   |  |  |
| Application Pres                                    | pplication         |  |                             |  |  |  |  |
| Construction  | Construction       | 4. DATE RECEIVED BY FEDE   | RAL AGENC                   | Y Federal Identifier                       |  |  |  |
| <b>X</b> 1  | Non-Construction   |  |                             |  |  |  |  |
| 5. APPLICANT INFORMA                                | TION               |  |                             |  |  |  |  |
| Legal Name: Colusa /                                |                    | Ladical Contor   | Organizatio                 | onal Unit:                                 |  |  |  |
| Address (give city, county, state                   | , and zip codel:   |  |                             |  | n to be contacted on matters involving                 |  |  |
| 199 E. Wes  | ster Sti           | reet   |                             | ation (give area code),                    |  |  |  |
| Colusa, CA  | 95932              |  |                             | 205ex Long<br>916) 447-98                  |  |  |  |
| 6. EMPLOYER IDENTIFICATION                          | (EIN):             |  | 7. TYPE O                   | F APPLICANT: (enter approx                 | riete letter in box)                                   |  |  |
| 31-1-   | 50                 | 849  | A. State                    |  | dent School Dist.                                      |  |  |
| 8. TYPE OF APPLICATION:                             | -                  |  | B. Cour<br>C. Mun<br>D. Tow | nicipal J. Private i<br>vaship K. Indian T | University<br>Tribe                                    |  |  |
| X N   | ew Co              | ontinuation Revision   | F. Inter                    | F. Intermunicipal M. Profit Organization   |  |  |  |
| If Revision, enter appropriate les                  | ter(s) in          |  |                             |  | MEGEIVE  |  |  |
| 74. 17.0.0000                                       | Decrease Award     | C. Increase Duration   |                             |  | OCT 1 0 200  |  |  |
| D. Decrease Datason.                                |                    |  | 9. NAME (                   | OF FEDERAL AGENCY:                         |  |  |  |
|   |                    |  |                             | 20 0 01                                    | Development ARING HO                                   |  |  |
|   |                    |  | US                          | DH, Rural L                                | Leveroff HO  |  |  |
| 10. CATALOG OF FEDERAL DO                           | MESTIC ASSISTA     | NCE NUMBER:  |                             | RIPTIVE TITLE OF APPLICAN                  |  |  |  |
|   |                    |  | 1                           | La Jal es                                  | examsion to  |  |  |
|   |                    | 0-766  | 10                          | Daper -                                    | 12 1110 11   |  |  |
| TITLE:  |                    |  |                             | ous truet                                  | 13,448 sq. ft.   |  |  |
| 12. AREAS AFFECTED BY PRO                           | JECT (Cities, Coun | ties, States, etc.)  | 1                           | of Medical                                 | oddra space  |  |  |
| Colusa, a   |                    |  |                             | 0  | ,  |  |  |
| 13. PROPOSED PROJE                                  | CT 14. CONC        | GRESSIONAL DISTRICTS   |                             |  |  |  |  |
| Start Date Ending Date                              | a. Applicant       | ^  | b. P                        | Project                                    | )  |  |  |
|   |                    | <u> </u>   |                             | TO APPLICATION CUR SCOT                    | TO REVIEW BY STATE EXECUTIVE                           |  |  |
| 15.   | ESTIMATED          | FUNDING  | 16.                         | ORDER 12372 PROCESS?                       | 10 MEAISA BI GINIE EVECOUNT                            |  |  |
| a. Federal  | \$                 | 3,000,000  | .00                         |  | ATION/APPLICATION WAS MADE<br>HE STATE EXECUTIVE ORDER |  |  |
| b. Applicant  | \$                 | 14,250   | .00                         |  | FOR REVIEW ON:   |  |  |
| c. State  | \$                 |  | .00                         | DATE                                       | 3/8/2003   |  |  |
| d. Local  | \$                 |  | .00                         | b. NO PROGRAM IS                           | NOT COVERED BY E.O. 12372                              |  |  |
| e. Other  | \$                 |  | .00                         | OR PROGRAI                                 | M HAS NOT BEEN SELECTED BY<br>REVIEW                   |  |  |
| f. Program Income                                   | \$                 |  | .00 17.                     | . IS THE APPLICANT DELING                  | QUENT ON ANY FEDERAL DEBT?                             |  |  |
| g. Total  | \$                 | 3,014,250  | 00. €                       | YES (Attach explanation                    | on) NO   |  |  |
| 1   |                    |  |                             | IS APPLICATION /PPE                        | APPLICATION ARE TRUE AND                               |  |  |
| ACCRECATION TO COMMIT                               | MEDIT LING BI      | GE AND BELIEF, ALL DA<br>SEN DULY AUTHORIZED<br>E ATTACHED ASSURAN | ) HY   HE                   | TODE DRIVING DODE                          |  |  |  |
| a. Type Name of Authorized R                        | epresentative      | b. Title   | /                           | 066  | c. Telephone Number (916) 447_9832 444                 |  |  |
| dobert  | Lough              | nan t  | van e                       | Officer                                    |  |  |  |
| d. Signature of Authorized Rep                      | resentative        |  |                             |  | e. Date Signed   |  |  |
| 1 m   | ()                 | <i>-</i>   |                             | et   | ANDARD FORM 424 (REV. 4-92)                            |  |  |
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\* Submitted by Sucreated Conder Rural Community Possistance Cogonotion

QMB Approval No. 0348-0043

| APPLICATION FOR                                       |                              | •   |                          |   | 10081 140, 0320-004             |
|---|------------------------------|---|--------------------------|---|---------------------------------|
| EDERAL ASSISTA  | NCE                          | 2. DATE SUBMITTED<br>October  | r 3, 2003                | Applicant identifier                                  |                                 |
| TYPE OF SUBMISSION:                                   |                              | 3. DATE RECEIVED B  | BY STATE                 | State Application Identifier                          |                                 |
| Application Construction                              | Preapplication  Construction | 4. DATE RECEIVED E  | BY FEDERAL AGENCY        | Federal Identifier                                    |                                 |
| Non-Construction                                      | Non-Construction             |   |                          |   |                                 |
| APPLICANT INFORMATION                                 |                              |   | Organizational Unit:     |   |                                 |
| <sub>egal Name:</sub><br>California Departmer         | nt of Fish and Gai           | me  | Wildlife and H           | labitat Data Analysis E                               | Branch<br>I on matters involvin |
| ddress (glvs city, county, State                      |                              |   | this application (give s | rea code)   |                                 |
| 1807 13th Street, Sui                                 | ite 202                      |   | Kevin Hunting            | (916) 324-9265  |                                 |
| Sacramento, CA 958                                    | 314                          |   |                          |   |                                 |
| . EMPLOYER IDENTIFICATIO                              |                              |   | 7. TYPE OF APPLICA       | ANT: (enter appropriate letter in b                   | A                               |
| 94-1697   |                              |   | A. State                 | H. Independent School Dist.                           |                                 |
|   |                              |   | B. County                | I. State Controlled Institution of                    | Higher Learning                 |
| TYPE OF APPLICATION:                                  |                              | C. Municipal  | J. Private University    |   |                                 |
| ☑ Nev   | → Continuation               | Revision  | D. Township              | K, Indian Tribe                                       |                                 |
| A. Increase Award  B. Decrease Award  Other(specify): |                              | E. Interstate   | L. Individual            |   |                                 |
|   |                              | F. Intermunicipal   | M. Profit Organization   |   |                                 |
|   |                              | ase Duration  | G. Special District      | N. Other (Specify)                                    |                                 |
|   |                              | 9. NAME OF FEDER  | AL AGENCY:               |   |                                 |
|   | OCT                          | 1 0 2003  | National Marine          | Fisheries Service                                     | •                               |
|   |                              |   | 44 DESCRIPTIVE T         | ITLE OF APPLICANT'S PROJE                             | CT:                             |
| 10. CATALOG OF FEDERAL D                              | OMESTIC SSISTANCE            |   |                          |   |                                 |
|   |                              | 111-471   | 3 GIS and analytic       | cal tool development suppo<br>storage, management, ar | nd retrieval                    |
| TITLE: Coastal Se                                     | nicos Center                 |   | web-based data           | ornia   | (4)                             |
| 12. AREAS AFFECTED BY PF                              | O IECT (Cities Counties      | States, etc.):  | system for Calif         | orna.   |                                 |
|   |                              | ,   |                          |   |                                 |
| Primarily Coastal Califor                             |                              | NOTRICTE OF   |                          |   |                                 |
| 13. PROPOSED PROJECT                                  | 14. CONGRESSIONAL            | . DISTRICTS OF:   | It Contact               |   |                                 |
| Start Date Ending Date                                | a, Applicant                 |   | b. Project               | Statewide   |                                 |
| 1/1/04 12/31/05                                       | Sta                          | atewide   | AR IS APPLICATIO         | N SUBJECT TO REVIEW BY ST                             | ATE EXECUTIVE                   |
| 15. ESTIMATED FUNDING:                                |                              |   | ORDER 12372 F            |   |                                 |
| a. Federal  | \$                           | 77,308  | a. YES. THIS PRI         | EAPPLICATION/APPLICATION V                            | VAS MADE                        |
| h Applicant \$  |                              | DU  | AVAILAB                  | LE TO THE STATE EXECUTIVE                             | ORDER 12374                     |
| b. Applicant  |                              | 0.89  | DATE                     |   |                                 |
| c. State  | \$                           | 0   |                          |   |                                 |
| d. Local  | \$                           | O OH  |                          |   | ), 12372                        |
| e, Other  | \$                           | O oc  |                          |   | CTED BY STAIL                   |
|   | \$                           | ac  |                          |   | DCOLL DEGTS                     |
| f. Program Income                                     | 3                            | O   |                          | ANT DELINQUENT ON ANY FE                              | No                              |
| g. TOTAL  | \$                           | 77 30A  |                          | ," attach an explanation.                             |                                 |
| 18 TO THE BEST OF MY KN                               | NOWLEDGE AND BELIEF          | , ALL DATA IN THIS AP   | PLICATION/PREAPPLIC      | ATION ARE TRUE AND CORRI                              | Y WITH THE                      |
| DOCUMENT HAS BEEN DU                                  | ILY AUTHORIZED BY TH         | E GOVEKNING BOD! O  | F THE APPLICANT AND      | THE APPLICANT WILL COMPI                              |                                 |
| ATTACHED ASSURANCES                                   | IF THE ASSISTANCE IS         | AWARDED.  |                          | c. Telephone Number                                   |                                 |
| a. Type Name of Authorized R                          | Representative               | lb Title  | d Habitat Data Anal.     | 1   |                                 |
| Thomas Lupo d, Signature of Authorized Re             | presentative                 | Cinei, vviid. am  | G 1 (db)(c) Data / a lo. | e. Date Signed  |                                 |
|   |                              | - Annual Property of the Control of |                          | 10/7/2003   |                                 |
| Previous Edition Usable                               |                              |   |                          | / Standard Form 42                                    | 4 (Kev. 7-97)                   |

| FEDERAL AS   | N FOR<br>Sistance  |  |  |   |
|--|--|--|--|---|
| 1. TYPE OF SUBMISSI  | The second secon | eroprosessant and the same and  | 2. DATESON TED TO CO   | Applicant Identifier  |
| 1  | ON;  |  | October 2, 200:  | 3   |
| Application  |  | Pro-Ball CALLON  | 3. DATE CONVERSY STATE   |   |
| Construction   |  | Consumo  |  | State Application Identifier  |
| X Non-Construction   |  | Non-Conescution  | 4. DATE PECENSED BY FEDERAL AGE  | NCY Foderal Identifier  |
| 5. APPLICANT INFORM  | ATION  | STORIGOR STORIGH   | 110 Marie 1 100 Ma | F-49-AE   |
| Legal Nema:  | STATE OF CALIF   | ORNIA  | and the second second  | Amendment #11   |
| Address (give city, county   | , state and zip code):   |  | Organizational Chile   |   |
| CA Departn   | nent of Fish & Gam   | FI E G E I   | W R PRETment of Fish   | and Game  |
| Fisheries P  | rograms Branch   |  |  | n to be contaced on matters involving this  |
| 1812 Ninth:  | Street   | 131  | application, and area code);   | Sim Billinoeur a manufacture  |
|  | , CA 95814   | IIIII OCT o  | 2002   |   |
| 6. EMPLOYER IDENTIFIC  | CATION NUMBER (FINE)   | <u> </u>   | 2003   darolyn Murata  | (916) 445-3559  |
|  | 94-1697567   |  | 7. TYPE OF APPIICANT! (STIST appropri  | ale loner): A   |
| TYPE OF APPLICATION  | N:   | Vale Vale les Vale les   |  | H. Independent School Dist.   |
| New  | Continuation   | Stale CLEAKIN  | TG-HQUSE   | State Controlled Instruction  |
| f Ravislan, enter epprapriat   |  | Za Janvision   | C. Municipal   |   |
|  | E Green (2) in cox(68):  | Processor of the second  | D. Township  | of Higher Loarning  J. Private University   |
| L Increase Award   |  | B  | E. Interpreta  | L. Individual   |
| Increase Duration  | B. Decrosse Award  |  | F. Intermunicipal  |   |
| Other (spacify):   | D. Decrease Duration   |  | G. Special District  | M. Profit Organization  |
|  | Revision in components   | Size Constituting  |  | N. Other (Specify)  |
| 15-605   | L DOMESTIC ASSISTANCE HUM  | MBER:  | 9. NAME OF FEDERAL AGENCY  |   |
|  | Spart Fort p   |  | U.S. Department of   | the Interior  |
| A OFFICE AFFICE  | Sport Fish Restora   | dion Act   | IIS Sich and Marke   | rie uiteliot  |
|  |  |  |  | fo Comite :   |
| · ANGRAS AFFECTED BY   | PROJECT (cibes, counties state   | Ca. gigig  | U.S. Fish and Wildli   | fe Service  |
|  | PROJECT (cibes, counties state   | Supplied to the supplied of th | 11. DESCRIPTIVE TOTLE OF APPLICANTS  | PDA IECT  |
|  | PROJECT (clies, countes state<br>Statewide   | <b>64.</b> etg b   | Aquatic Resource Educat  | PROJECT:  |
|  | PROJECT (cibes, counties state   | <b>64.</b>   | Aquatic Resource Educate Amendment #11 requests a  | PROJECT: tion Program.  |
| PROPOSED PROJECT:  | PROJECT (cibes, counties state   | <b>64.</b> electr  | Aquatic Resource Educat Amendment #11 requests a grant proposal. Included is   | PROJECT: tion Program. a revision to the 5-year the \$695,000 decreases   |
| PROPOSED PROJECT:  | PROJECT (cibes, counties state   | ea. eta ir   | Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11   | PROJECT: tion Program. a revision to the 5-year the \$695,000 decreases   |
| PROPOSED PROJECT:  | Statewide  Ending Date   | 14. CONGRESSIONAL DISTR  | Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11   | PROJECT: tion Program. a revision to the 5-year the \$695,000 decreases   |
| PROPOSED PROJECT:  | Statewide  | 14. CONGRESSIONAL DISTR<br>a. Applicant  | Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11   | PROJECT: tion Program. a revision to the 5-year the \$695,000 decreases   |
| PROPOSED PROJECT: Start Date 07/01/01  | Statewide  Ending Date  06/30/06   | 14. CONGRESSIONAL DISTR  a. Applicant  3   | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  | PROJECT:  ion Program.  a revision to the 5-year the \$695,000 decrease in 1-E grant.   |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING: Federal   | Statewide  Ending Date   | 14. CONGRESSIONAL DISTR  a. Applicant  3   | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  | PROJECT:  ion Program.  a revision to the 5-year the \$695,000 decrease in 1-E grant.   |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING:   | Statewide  Ending Date  06/30/06   | 14. CONGRESSIONAL DISTR  a. Applicant  3   | Aquatic Resource Educat Amendment #11 requests a grant proposal. Included is funding - redirected to F-11 HCTS OF:  BUECT TO REVIEW BY STATE EXECUTIVE O   | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS7  |
| PROPOSED PROJECT: Steri Date 07/01/01 ESTIMATED FUNDING: Federal Applicant   | Statewide  Ending Date 06/30/06  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  8. YES. THIS PREAPE   | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11 ports of:  BJECT TO REVIEW BY STATE EXECUTIVE OF   | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS7  |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING: Federal   | Statewide  Ending Date  06/30/06   | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  8. YES. THIS PREAPE   | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11 ECTS OF:  BJECT TO REVIEW BY STATE FACT TIVE OF PLICATION (APPLICATION WAS TARDE AVAILU- CUTIVE ORDER 123/2 PROCESS FOR REVIE  | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS7  |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING: Federal Applicant State   | Statewide  Ending Date 06/30/06  | 14, CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  3 YES. SUBS PREAPPLICATE EXECUTES THE EXECUT | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  BUCTS OF:  BUECT TO REVIEW BY STATE PARC DIVE OF CUTIVE ORDER 12372 PROCESS FOR REVIE  OCH \$ 2007  | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS7  |
| PROPOSED PROJECT: Steri Date 07/01/01 ESTIMATED FUNDING: Federal Applicant   | Statewide  Ending Date 06/30/06  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  3 YES. THIS PREAPPLICATE EXECUTES APPLICATE APPLIC | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11 ports op:  Buect to review by state executive of pulcationiappulcation was made available or open 12372 process for review  OCK 3 2007  MIS NOT COMERED BY E.O. 12372  | PROJECT: tion Program. a revision to the 5-year the \$695,000 decrease in 1-E grant.  b. Project 99 RDER 12372 PROCESS? ASLE TO THE   |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING: Federal Applicant State   | Statewide  Ending Date 06/30/06  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  3 YES. THIS PREAPPLICATE EXECUTES TO SUE  3 OF PRO-   | Advatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  ECTS OF:  BUECT TO REVIEW BY STATE FACT TIVE OF PLICATION APPLICATION WAS TABLE AVAILABLY OF BY EACH TO REVIEW OF B 2007  M IS NOT COVERED BY E.O. 12372  OGRAM HAS NOT BEEN SELECTED BY STATE  OF THE PROPERTY OF THE P | PROJECT: tion Program. a revision to the 5-year the \$695,000 decrease in 1-E grant.  b. Project 99 RDER 12372 PROCESS? ASLE TO THE   |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING: Federal Applicant State Local Other   | Statewide  Ending Date 06/30/06  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  3 YES. THIS PREAPPLICATE EXECUTES TO SUE  3 OF PRO-   | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11 ports op:  Buect to review by state executive of pulcationiappulcation was made available or open 12372 process for review  OCK 3 2007  MIS NOT COMERED BY E.O. 12372  | PROJECT: tion Program. a revision to the 5-year the \$695,000 decrease in 1-E grant.  b. Project 99 RDER 12372 PROCESS? ASLE TO THE   |
| PROPOSED PROJECT: Steri Date 07/01/01 ESTIMATED FUNDING: Federal Applicant State Local Other Program Income  | Statewide  Ending Date   | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S APPLICATION SUE  3 YES. 1983 PREAPPLICATE EXECUTE EXEC | Advatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  ECTS OF:  BUECT TO REVIEW BY STATE FACT TIVE OF PLICATION APPLICATION WAS TABLE AVAILABLY OF BY EACH TO REVIEW OF B 2007  M IS NOT COVERED BY E.O. 12372  OGRAM HAS NOT BEEN SELECTED BY STATE  OF THE PROPERTY OF THE P | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS?  ABLE TO THE EWON:   |
| PROPOSED PROJECT: Start Date 07/01/01 ESTIMATED FUNDING: Federal Applicant State Local Other Program Income  | Statewide  Ending Date 06/30/06  \$5,394,629.25  \$1,798,209.75  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S. APPLICATION SUE  3. YES. 1973 PREAPPLICATE EXECUTE EXECUTE  OR PRO  THE ASSESSATION  YES. 1981,   | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  ECTS OF:  BJECT TO REVIEW BY STATE EXECUTIVE OF PLICATION APPLICATION WAS HADE AVAILABLE OF BY 12372 PROCESS FOR REVIE  OCT 3 2007  MIS NOT COMERED BY 12.0 12372  OGRAM MASS NOT BEEN SELECTED 8 4 8 FAT  DELING 12372 ON THE PUBLICATION DESTRICT  STREET OF THE PUBLICATION OF THE P | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS?  ABLE TO THE TWON:  E FOR REVIEW  X No   |
| PROPOSED PROJECT: Start Date 07/01/01  ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL   | ## Statewide  Ending Date  06/30/06  \$5,394,629.25  \$1,798,209.75  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S. APPLICATION SUE  3. YES. 1919 PREAPPLICATION  OR PRO OR PR | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  BUCTS OF:  BUECT TO REVIEW BY STATE FAECHTIVE O PLICATION/APPLICATION WAS HADE AVAILU- CUTIVE ORDER 123/2 PROCESS FOR REVIE  OCT 3 2000  MIS NOT COVERED BY E.O. 123/2  DIGRAM HAS NOT BEEN SELECTED BY STATE  DELINGHES ON BY FEUCRAL DEST?  STACH AN EXPLORED   | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project 99  RDER 12372 PROCESS7  ABLE TO THE EWON:  E FOR REVIEW  X No  |
| PROPOSED PROJECT: Start Date 07/01/01  ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL   | ## Statewide  Ending Date  06/30/06  \$5,394,629.25  \$1,798,209.75  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S. APPLICATION SUE  3. YES. 1919 PREAPPLICATION  OR PRO OR PR | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  BUCTS OF:  BUECT TO REVIEW BY STATE FAECHTIVE O PLICATION/APPLICATION WAS HADE AVAILU- CUTIVE ORDER 123/2 PROCESS FOR REVIE  OCT 3 2000  MIS NOT COVERED BY E.O. 123/2  DIGRAM HAS NOT BEEN SELECTED BY STATE  DELINGHES ON BY FEUCRAL DEST?  STACH AN EXPLORED   | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project 99  RDER 12372 PROCESS7  ABLE TO THE EWON:  E FOR REVIEW  X No  |
| PROPOSED PROJECT: Start Date 07/01/01  ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL   | ## Statewide  Ending Date  06/30/06  \$5,394,629.25  \$1,798,209.75  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S. APPLICATION SUE  3. YES. 1919 PREAPPLICATION  GRAPH  OR PRO  THE APPLICATION PREAPPLICATION  TAIN 1918 APPLICATION PREAPPLICATION  AND THE APPLICATION MILL CO  | Advatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  ECTS OF:  BUECT TO REVIEW BY STATE FXEC TIVE OF  PLICATION APPLICATION WAS TABLE AVAILABLE OF BUECK OF THE PROCESS FOR REVIE  OUT 8 2007  MIS NOT COMPRED BY E.O. 12372  OGRAM HAS NOT BEEN SELECTED BY STATE  DELING THE DELING THE PROCESS TO THE PROCESS TO THE PROCESS TO THE PROCESS FOR REVIE  DELING THE DELING THE PROCESS TO THE PRO | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS?  ASLE TO THE TWON:  E FOR REVIEW  X No  E DOCUMENT HAS BEEN OULY SIF THE ASSISTANCE IS AWARDED.  |
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| PROPOSED PROJECT: Start Date 07/01/01  ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL OTHE GEST OF MY KNO PROMIZED BY THE GOVERN DOES NAME OF Authorized Rivers Mineral Mineral Mineral DOMAN DESTRUCTION OF MY KNO PROPOSED BY THE GOVERN MINERAL MINERA | Statewide  Ending Date 06/30/06  \$5,394,629.25  \$1,798,209.75  \$7,192,839.00  Whenge AND Belief, All DATA NING BODY OF THE APPLICANT BPRESONIBILIVE ICHAEL F. Harris  | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. S. APPLICATION SUE  3. YES. 1919 PREAPPLICATION  GRAPH  OR PRO  THE APPLICATION PREAPPLICATION  TAIN 1918 APPLICATION PREAPPLICATION  AND THE APPLICATION MILL CO  | Advatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11  ECTS OF:  BUECT TO REVIEW BY STATE FXEC TIVE OF  PLICATION APPLICATION WAS TABLE AVAILABLE OF BUECK OF THE PROCESS FOR REVIE  OUT 8 2007  MIS NOT COMPRED BY E.O. 12372  OGRAM HAS NOT BEEN SELECTED BY STATE  DELING THE DELING THE PROCESS TO THE PROCESS TO THE PROCESS TO THE PROCESS FOR REVIE  DELING THE DELING THE PROCESS TO THE PRO | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS?  ASLE TO THE TWON:  E FOR REVIEW  X No  E DOCUMENT HAS BEEN OULY SIF THE ASSISTANCE IS AWARDED.  |
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| PROPOSED PROJECT: Start Date 07/01/01  ESTIMATED FUNDING: Federal Applicant State Local Other Program Income TOTAL OTHE GEST OF MY KNO PROMIZED BY THE GOVERN DOES NAME OF Authorized Rivers Mineral Mineral Mineral DOMAN DESTRUCTION OF MY KNO PROPOSED BY THE GOVERN MINERAL MINERA | Statewide  Ending Date 06/30/06  \$5,394,629.25  \$1,798,209.75  \$7,192,839.00  WLEGGE AND BELIEF, ALL DATA NING BODY OF THE APPLICANT BPRESONIBILIVE ICHAEL F. Harris eschause   | 14. CONGRESSIONAL DISTR  a. Applicant  3  16. SAPPLICATION SUE  3 YES. 1013 PREAPPLICATE EXECUTE TO THE ASSESSATION  YES. 102 PREAPPLICATION PREAM  TAIN THE APPLICATION PREAM  THE APPL | Aquatic Resource Educate Aquatic Resource Educate Amendment #11 requests a grant proposal. Included is funding - redirected to F-11 licts of:  BJECT TO REVIEW BY STATE EXECUTIVE OF  BJECT TO REVIEW BY STATE EXECUT | PROJECT:  tion Program.  a revision to the 5-year the \$695,000 decrease in  1-E grant.  b. Project  99  RDER 12372 PROCESS?  ABLE TO THE TWON:  E FOR REVIEW  X No  E DOCUMENT HAS BEEN OULY SIF THE ASSISTANCE IS AWARDED.  c. Telephone Number (916) 653-4633  a. Date Signed XXXIC. |
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| Section   Prespication   Prespicat   |
|--|
| 1. Type OF SUBMISSION:   Application   Preapplication   Preapplication   Application   Preapplication   Construction   Application   Construction   Construction   Application   Construction     |
| Application Preapplication Construction Cons |
| A. DATE RECEIVED BY FEDERAL AGENCY   Federal identifier   A. DATE RECEIVED BY FEDERAL DOMESTIC ASSISTANCE NUMBER   A. DATE RECEIVED BY FEDERAL DOMESTIC ASSISTANCE NUMBER   A. DATE RECEIVED BY FEDERAL DISTRICTS OF: Start Date   Federal Polycology   Federal identifier   Federal I   |
| Source   S   |
| Non-Construction   Non-Construction   S. APPLICANT INFORMATION   |
| Legal Name: United HEALTH CENTERS of the Address (give city, counts, state, and sip code):  ALECTOR (AND STATE AND STATE AND STATE AND STATE (state and sip code):  ALECTOR (AND STATE AND STATE EXECUTIVE ORDER  A County (County):  A State (County):  A Sta |
| Address (give city, counts, state, and tip code):  Alley CA PS(48)  6. EMPLOYER IDENTIFICATION (EM):  7. TYPE OF APPLICANT: (enter appropriate letter in box)  8. TYPE OF APPLICATION:  1. Independent School Dist.  6. EMPLOYER IDENTIFICATION (EM):  7. TYPE OF APPLICANT: (enter appropriate letter in box)  8. State  1. Independent School Dist.  8. State  1. Individual  9. Individual  9. Individual  9. Individual  9. Individual  9. Individual  9. NAME OF FEDERAL AGENCY:  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  12. AREAS AFFECTED BY PROJECT (Crities, Counties, States, etc.)  13. PROPOSED PROJECT  14. CONGRESSIONAL DISTRICTS OF:  Start Date  Finding Date  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER  16. IS APPLICATION SUBJECT TO THE STATE EXECUTIVE ORDER  17. THIS PREAPPLICATION WAS MADE  AVAILABLE TO THE STATE EXECUTIVE ORDER  |
| 6. EMPLOYER (DETIFICATION (EM):  9 4 - 25   28 4    8. TYPE OF APPLICATION:  New   Continuation   Revision   Revision   Revision   Company   Revision   Re |
| 6. EMPLOYER (DETIFICATION (EM):  9 4 - 25   28 4    8. TYPE OF APPLICATION:  New   Continuation   Revision   Revision   Revision   Company   Revision   Re |
| 8. EMPLOYER IDENTIFICATION (EIN):  944-25122344  8. TYPE OF APPLICATION:  New   Continuation   Revision   Revision   Continuation   Revision   Revision   Continuation   Revision   Continuation   Revision   Revision   Continuation   Revision   Revision   Continuation   Revision   Revisi |
| 6. EMPLOYER IDENTIFICATION (EIN):  94-2512284  8. TYPE OF APPLICANT: (enter appropriate letter in box)  A. State B. Country Continuation   Revision   Revi |
| A. State B. TYPE OF APPLICATION:  New   Continuation   Revision   Country   State Controlled Institution of Higher Learning   Drownship   State Controlled Institution of Higher Learning   Private University   State Controlled Institution of Higher Learning   Drownship   State Controlled Institution of Higher Learning   Private University   Drownship   Drow |
| B. TYPE OF APPLICATION:    A. State   S. County   State Controlled Institution of Higher Learning   D. Township   Interstate   Intersta |
| B. TYPE OF APPLICATION:    A. State   S. County   State Controlled Institution of Higher Learning   D. Township   Interstate   Intersta |
| S. TYPE OF APPLICATION:    Social District   Continuation   Revision   Continuation   Continuation   Revision   Continuation   Co |
| If Revision, enter appropriate letter(s) in  A. Increase Award D. Decrease Duration Other (specify) OCT 8 ZUU:  Increase Duration OCT 8 ZUU: |
| A. Increase Award D. Decrease Duration Other Ispacify) OCT 8 ZULL  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  TITLE COMMUNITY TACILITIES GUARANTE  12. AREAS AFFECTED BY PROJECT ICities, Counties, States, etc.)  TITLE COMMUNITY TACILITIES GUARANTE  12. AREAS AFFECTED BY PROJECT ICities, Counties, States, etc.)  TO TO TO TO THE CONTROL OF THE STATE EXECUTIVE ORDER  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER  |
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| 9. NAME OF FEDERAL AGENCY:  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant Applicant In Project In Inc. I |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant   D. Project   Q - Padavoich    15. ESTIMATED FUNDING   16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant Grand B. Project 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant D. Project 15. ESTIMATED FUNDING  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER  |
| TITLE COMMUNITY FACILITIES GUARANTEE  12. AREAS AFFECTED BY PROJECT ICITIES, Counties, States, etc.)  KERMAN, FRESHO, CA  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant PADANOVICH  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F LOW \$ 94,100  .00  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER  |
| TITLE COMMUNITY FACILITIES GUARANTEE  12. AREAS AFFECTED BY PROJECT ICITIES, Counties, States, etc.)  KERMAN, FRESHO, CA  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant PADANOVICH  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F LOW \$ 94,100  .00  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER  |
| TITLE DMMUNITY TACILITIES GUARANTEE  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  KERWW, FRESHO, CA  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant B. Project 19 - Padavouch  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F Low \$ 94,100 .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
| TITLE DMMUNITY TACILITIES GUARANTEE  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  KERWW, FRESHO, CA  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant B. Project 19 - Padavouch  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F Low \$ 94,100 .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
| TITLE DMMUNITY TACILITIES GUARANTEE  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  KERWW, FRESHO, CA  13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant B. Project 19 - Padavouch  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F Low \$ 94,100 .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
| 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant Padavoich  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F Low \$ 94,100 .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
| 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant Padavoich  15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal F Low \$ 94,100 .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
| 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant  |
| 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:  Start Date Ending Date a. Applicant  |
| Start Date   Ending Date   a. Applicant    |
| 15. ESTIMATED FUNDING  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal \$ 94,100 .00 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER  |
| a. Federal \$ 94 100 .00 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
| a. Federal F Low \$ 94,100 .00 ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER   |
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| AVAILABLE TO THE STATE EXECUTIVE ORDER   |
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| 10. Applicant  |
| NO FREADINATION  |
| c. State \$ .00  |
| DATE   |
| d. Local \$ .00  |
| b. NO PROGRAM IS NOT COVERED BY E.O. 12372   |
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| e. Other Guarantees, \$ 2,273,490 .00 STATE FOR REVIEW   |
| and the second s |
| f Program Income S   |
| f. Program Income \$ .00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |
| 17. IS THE APPLICANT DELINCOENT ON ANY FEDERAL DEBT?   |
| 17. IS THE APPLICANT DELINCOENT ON ANY FEDERAL DEBT?   |
| g. Total \$3,784,090 .00 YES (Attach explanation) NO   |
| g. Total \$3,784,090 .00 YES (Attach explanation) NO  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE   |
| g. Total \$3,784,090 .00 YES (Attach explanation) NO  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND   |
| g. Total \$ 3 784,090 .00 YES (Attach explanation) NO  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative   b. Title   c. Telephone Number   |
| g. Total \$ 3 784,090 .00 YES (Attach explanation) NO  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Type Name of Authorized Representative   b. Title   c. Telephone Number   |
| g. Total \$ 3 784,090 .00 YES (Attach explanation) NO  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.   |

| APPLICATION FOR   |                               |  |   | OMB Approval No. 0348-0043  |
|---|-------------------------------|--|---|---|
| FEDERAL ASSISTA   | NCE                           | 2. DATE SUBMITTED  October   | 2, 2003                                   | Applicant Identifier  |
| 1. TYPE OF SUBMISSION:  Application                                     | <br> Preapplication           | 3. DATE RECEIVED BY  | STATE                                     | State Application Identifier  |
| Construction Non-Construction   | Construction Non-Construction | 4. DATE RECEIVED BY  | FEDERAL AGENCY                            | Federal Identifier  |
| 5. APPLICANT INFORMATION<br>Legal Name:                                 |                               |  | lower B and S                             |   |
| Department of   |                               |  |   | t Redwoods District   |
| Address (give city, county, State<br>PO Box 2066, 34<br>Eureka, CA 9550 | 31 Fort Avenu                 | e  | this application (give and<br>Patrick Vau |   |
| 6. EMPLOYER IDENTIFICATIO   | N NUMBER (EIN):               |  | 7. TYPE OF APPLICA                        | NT: (enter appropriate letter in box)                                   |
| 68-030  | 3 6 0 6                       |  | A. State                                  | H, Independent School Dist.   |
| 8. TYPE OF APPLICATION:   |                               |  | B. County                                 | I. State Controlled Institution of Higher Learning                      |
| ∑ Ne  | Continuation                  | Revision   | C. Municipal<br>D. Township               | J. Private University<br>K. Indian Tribe                                |
| If Revision, enter appropriate let                                      | ter(s) in box(es)             | - The state of the | E Interstate                              | L. Individual   |
| 1   | rease Award C. Increas        | e Duration   |   | M. Profit Organization N. Other (Specify)                               |
| D. Deblease Daraudit Ottle  | specify.                      | 0 0 2  | 9 NAME OF FEDERA                          | I AGENCY:   |
| · .   |                               |  | National Oc<br>Administrat                | eaute and Atmospheric   |
| to CATALOG OF CENERAL P   | DISTORIO A SCIETA NOS A       | §  | LUMISHI                                   |   |
| 10. CATALOG OF FEDERAL D  | OMESTIC ASSISTANCE            |  |   | LE OF APPLICANT'S PROJECT:  |
|   |                               |  |   | Habitat& Coastal GIS  |
| TITLE:Coastal   | Service Cent                  |  |   | h Applicationsto Recovery   |
| 12. AREAS AFFECTED BY PR  | DIECT (Citian Counties Si     |  |   | over& Restoration of Bead   |
| Del Norte, Humbo<br>California  | 1 '                           |  |   | namics in CAlifornia<br>,Northwestern California                        |
| 13. PROPOSED PROJECT  | 14. CONGRESSIONAL D           | ISTRICTS OF:   |   |   |
| Start Date   Ending Date  | a, Applicant                  |  | b. Project                                |   |
| 3/1/04 <b>  1</b> 2/31/0  | 1                             |  | 1   |   |
| 15. ESTIMATED FUNDING:  |                               |  | 16. IS APPLICATION S<br>ORDER 12372 PRO   | SUBJECT TO REVIEW BY STATE EXECUTIVE                                    |
| a Federal   | s                             | , po   |   | 0 2 2 3 7   |
|   | 1 7                           | 5.589  | a. YES, THIS PREAL                        | PPLICATION/APPLICATION WAS MADE   |
| o. Applicant  | \$                            | 7,267  |   | TO THE STATE EXECUTIVE ORDER 12372<br>FOR REVIEW ON:                    |
| . Stale   | s                             | , <b>, ,</b> 20  |   | 0/3/03  |
| J. Local  | \$                            |  |   |   |
| a. Other  | 5                             | Ou   | _   | M IS NOT COVERED BY E. O. 12372  RAM HAS NOT BEEN SELECTED BY STATE  FW |
| . Program Income  | \$                            | .00  |   | T DELINQUENT ON ANY FEDERAL DEBT?                                       |
| ). TOTAL  | \$ 92                         | 2,856≇   |   | ttach an explanation.   |
| A TO THE BEST OF MY KNO   |                               |  | TION/PREADDI ICATI                        | ON ARE TRUE AND CORRECT, THE  |
| DOCUMENT HAS BEEN DULY  | AUTHORIZED BY THE GO          | OVERNING BODY OF THE   |   | E APPLICANT WILL COMPLY WITH THE  |
| ATTACHED ASSURANCES IF  Type Name of Authorized Rep                     |                               |  |   | o Tologhago Number  |
|   | resentative                   | b. Title   |   | c. Telephone Number   |
| ohn Kolh<br>I. Signature of Authorized Repre                            | contellius                    | Superintender  |   | 707 445-6547. ext. 11   |
| 1. Signature of Authorized Repre  | <i>* [/</i>                   |  | ľ   | c. Date Signag  |
| Previous/Edition Usable   | -                             |  |   | / Slandard Form 424 (Rev. 7-97)   |
| Authorized for Local Reproduction                                       | 4                             |  |   | Prescribed by OMB Circular A-102  |

| APPLICATION  |                       |  |   | 2. DATE SUBMITTED  | Application Identifier   |  |
|--|-----------------------|--|---|--|--|--|
| FEDERAL ASSI                                       | STANCE                |  |   | 07/16/2003   | A-009869-04  |  |
| 1. TYPE OF SUBMISSIO                               | N                     |  |   | 3. DATE RECEIVED BY STATE  | State Application Identifier Approved  PCAT OS-2003-05-2 9/25/03 |  |
| Application  | 1                     | Pre-Applica  |   | 3. DATE RECEIVED BY FEDERAL AGENCY   | Foderal telenold   |  |
| Construction  X Non-Construction                   |                       | 님  | Construction Non-Construction   | 3. DATE RECEIVED BY PEDERAL AGENCY   | #A-009869-04 MS  |  |
| X Non-Construction 5. APPLICANT INFORM             | ATION                 |  | TOILCORACCION   |  |  |  |
|  | uin Valley Uni        | fied   |   | Organizational Unit: Administration  |  |  |
|  | ution Control D       |  | `   |  |  |  |
| Address (give city, county, state and              | d zip code):          |  |   | Name of Telephone number of person to contacted on matters involv application (give area code)       | ing this   |  |
| 1990 East Gettys                                   | burg Avenue           |  |   | Roger W. McCoy, Director of Admir  | nistrative Services  |  |
| Fresno, Californi                                  |                       | •  |   | (559) 230-6020   |  |  |
| 6. EMPLOYER IDENTIFICATION (EIN):                  |                       |  |   | 7. TYPE OF APPLICANT: (enter appropriate letter  | er here) <u>G</u>  |  |
| 77-0262563   |                       |  |   | A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning |  |  |
| 8. TYPE OF APPLICATI                               | ION:                  |  |   | C. Municipal J. Private University D. Township K. Indian Tribe                                       |  |  |
| New Cor  |                       |  | E. Interstate L. Individual F. Intermunicipal M. Profit Organization                |  |  |  |
| If Revision, enter appropriate letter (s)          |                       | G. Special District N. Other Specify):               |   |  |  |  |
| A. Increase Awarded B. Decrease Award              |                       |  |   |  |  |  |
| B. Increase Duration C. Decrease Duration          |                       |  |   | 9. NAME OF FEDERAL AGENCY:   |  |  |
| Other Specify:                                     |                       |  |   |  |  |  |
| 10. CATALOG OF FEDERAL ASSISTANCE NUMBER: 66606    |                       |  |   | 11. DESCRIPTIVE TITLE OF APPLICANT'S PR  | OJECT:   |  |
| Title: Air Pollution Control Program Support (103) |                       |  |   | -  | gram CCC/LaD   |  |
| 12. AREAS AFFECTED                                 |                       |  |   | San Joaquin Valley Air Pollution Control Prog<br>(Air Pollution Control Program FY-0                 | N 10. 12540/01-  |  |
| Fresno, Kern, Kings, Madera, Merced, San Joaquin,  |                       |  | Joaquin,  | (Air Poliution Control Program 1-1-0   | OCT 0 3 2003   |  |
| Stanislaus and Tulare Counties in California       |                       |  |   |  |  |  |
| PROPOSED PROJEC                                    |                       |  | 14: CONGRESSIONAL DIST  |  | ProjecTATE CLEARING HOUSE  |  |
| Start Date   | End Date<br>9/30/2004 |  | a. Applicant:   | 16   | Same   |  |
|  |                       |  |   |  |  |  |
| 15. Estimated Funding:                             |                       |  |   | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?                         |  |  |
| a. Federal   |                       | \$   | \$1,929,785.00  | a. YES. THIS PRE-APPLICATION/APPLICATION WAS   |  |  |
| b. Applicant \$ 6,192,365.00                       |                       | TO THE STATE EXECUTIVE ORDER 12372 PROCESS ON:       | FOR REVIEW  |  |  |  |
| c. State \$ 0.00                                   |                       | DATE:07/16/2003                                      |   |  |  |  |
| d. Local \$ 0.00                                   |                       | ь. NO.   |   |  |  |  |
| e. Other   |                       | \$   | 0.00  | PROGRAM IS NOT COVERED BY E.O. 12372   |  |  |
| f. Program Income \$ 0.00                          |                       | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |   |  |  |  |
| g. Total   |                       | \$   | \$8,122,150.00  | YES If "Yes" attach an explanation. No   |  |  |
| THE DOCUMENT                                       | HAS BEEN DULY         | AUTHO  | LIEF, ALL DATA IN THIS AP<br>RIZED BY THE GOVERNING I<br>CES IF THE ASSISTANCE IS A | PLICATION/PRE-APPLICATION ARE TRUE AND O<br>BODY OF THE APPLICANT AND THE APPLICANT<br>WARDED.       | CORRECT, WILL  |  |
| a. Typed Name of Autho                             |                       |  |   |  | . Telephone Number   |  |
| "  |                       | vid L. C   | row   | Executive Director A.P.C.O   | (559) 230-6000   |  |
| d. Signature of Authorize                          | ed Representative     |  |   | C  | . Date Signed  |  |
| Mind   | 200                   | 5  |   |  | 7/16/2003<br>Standard Form 423A (Rev 4-88                        |  |
| Previous Editions not usable                       | <del>/</del>          |  |   |  | Standard Form 423A (Rev 4-66                                     |  |

Prescribed by OMB Circular A-102

|  |  |                        |   |   | OMB Assessed No. 0040 0040   |
|--|--|------------------------|---|---|--|
| APPLICATION FOR  |  |                        | 1   |   | OMB Approval No. 0348-0043   |
| FEDERAL ASSISTAN   | 1CE                                      | 2. DATE SUBMITTED      |   | Applicant Identifie   | er   |
|  |  | August 7, 2003         |   |   |  |
| 1. TYPE OF SUBMISSION:                                     |  | 3. DATE RECEIVED BY    | STATE                                     | State Application   | Identifier   |
| Application  | Preapplication                           |                        | CERTAL ACENOV                             | F. d. and I dentifies   |  |
| Construction Non-Construction                              | Construction  Non-Construction           | 4. DATE RECEIVED BY    | FEDERAL AGENCY Federal Identifier         |   |  |
| 5. APPLICANT INFORMATION                                   | Non Construction                         |                        |   |   |  |
| Legal Name:  |  |                        | Organizational Unit:                      |   |  |
| Seneca Healthcare District                                 |  |                        | Special District                          |   |  |
| Address (give city, county State,                          | , and zip code):                         |                        |   |   | be contacted on matters involving  |
| 130 Brentwood Drive  |  |                        | this application (give a Rosellen Bonney, | Grant Writer  |  |
| P.O. Box 737   | (530) 258-3330 or                        |                        | 258-3118                                  |   |  |
| Chester, CA 96020 6. EMPLOYER IDENTIFICATION NUMBER (EIN): |  |                        | 7. TYPE OF APPLICA                        | NT: (enter approp   | riate letter in box)   |
| 9 4 1 3 2 2 2 0 0  |  |                        | A. State                                  | H. Independent S  | School Dist.   |
| 8. TYPE OF APPLICATION:                                    |  | B. County              |   | ed Institution of Higher Learning                                   |  |
| Nev  | Revision                                 | C. Municipal           | J. Private Univer                         | rsity   |  |
|  |  | D. Township            | K. Indian Tribe<br>L. Individual          |   |  |
| If Revision. enter appropriate letter(s) in box(es)        |  |                        | E. Interstate F. Intermunicipal           | M. Profit Organiz   | zation   |
| A Increase Award B. Decrease Award C. Increase Duration    |  |                        | G. Special District                       |   |  |
| D. Decrease Duration Other (                               | 51 0 0 0 0 1 111 0 1 0 1 1 1 1 1 1 1 1 1 | oo baration            |   |   | *  |
| D. Boorodoo Baratton other                                 | (CF)                                     |                        | 9. NAME OF FEDER                          | RAL AGENCY:   |  |
|  |  |                        | United States Dep                         |   | culture  |
| 10 CATALOG OF FEDERAL I                                    | DOMESTIC ASSISTANCE                      | NIIMBED                | Rural Developmer                          | ITLE OF APPLICA   | ANT'S PROJECT:   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER.         |  |                        | 7   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                             | 45   |
| 1 0 - 7 6 6  |  |                        | <u> </u>                                  |   |  |
| TITLE:   |  |                        | Emergency General                         | tor for Lake Alma   | nor Clinic   |
| 12. AREAS AFFECTED BY PR                                   | OJECT (Cities, Counties, S               | States, etc.):         |   |   |  |
| Chester, Plumas County, C                                  | alifornia                                |                        |   |   | OCT 0 2 2003   |
| 13. PROPOSED PROJECT                                       | 14. CONGRESSIONAL                        | DISTRICTS OF:          |   |   | STATE CLEARING HOUS  |
| Start Date Ending Date                                     | a. Applicant                             |                        | b. Project                                |   | Land Company C |
| 11/01/2003 05/31/2004                                      | 1 '''                                    | ict 4                  | Congressional D                           | istrict 4   |  |
| 15. ESTIMATED FUNDING:                                     | Congressional Black                      |                        |   |   | EVIEW BY STATE EXECUTIVE   |
| 10. 201111111  |  |                        | ORDER 12372                               | PROCESS?  |  |
| a. Federal   | \$                                       | 00                     |   |   | DDLLOATION MADE  |
|  |  | 64,500                 |   |   | PPLICATION WAS MADE  |
| b. Applicant   | \$                                       | 10,500                 |   | AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: |  |
| c. State   | \$                                       | 00                     |   |   |  |
|  | *  |                        | DATE _                                    |   |  |
| d. Local   | \$                                       | 00                     | h Na 🎞 ppoo                               | PAMIC NOT COV   | /ERED BY E. 0. 12372   |
|  |  | 00                     |   |   | F BEEN SELECTED BY STATE   |
| e. Other   | \$                                       |                        |   | REVIEW  |  |
| f. Program Income  | \$                                       | 00                     | 17 IS THE ADDLU                           | CANT DELINOUEN  | NT ON ANY FEDERAL DEBT?  |
| 0. TOTA  |  | 00                     |   |   |  |
| 9. TOTAL   | \$                                       | 75,000                 |   | " attach an expla   |  |
| 18. TO THE BEST OF MY K                                    | NOWLEDGE AND BELIEF                      | , ALL DATA IN THIS APP | LICATION/PREAPPLIC                        | CATION ARE TRU  | E AND CORRECT, THE   |

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative b. Title Chief Executive Officer

Raymond H. Marks d Signature of Authorized Reporesentative

(530) 258-2067

e. Date Signed 7-03

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

| APPLICATION FOR                        |   |  |   | OMB Approval No. 0348-0043   |  |
|--|---|--|---|--|--|
| FEDERAL                                | ASSISTAN                                | NCE  | 2. DATE SUBMITTED<br>September  |  | Applicant Identifier                                 |
| 1. TYPE OF SUE                         | MISSION:                                |  | 3. DATE RECEIVED BY   | STATE  | State Application Identifier                         |
| Application Construct                  |   | Preapplication Construction                          | 4. DATE RECEIVED BY   | FEDERAL AGENCY   | Federal Identifier                                   |
| Non-Cons                               | truction                                | ☐ Non-Construction                                   |   |  |  |
| 5. APPLICANT I                         | NFORMATION                              |  |   |  |  |
|  | oint Powers                             |  |   | Organizational Unit:   |  |
| Address (give cit                      | ty, county, State,                      | and zip code   |   |  | umber of person to be contacted on matters involving |
| P.O. Box 2                             | 262                                     | 11111-6-0  |   | this application (give ar  | elf-Help Enterprises                                 |
| Alpaugh, C                             | CA 93201                                | 1151   | 1 2003  | (559) 651-100  |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (41) |   |  |   | NT: (enter appropriate letter in box)  |  |
| 03-0516513                             |   |  | ÇĀ. State   | H. Independent School Dist.  |  |
| 8. TYPE OF APE                         | PLICATION:                              | OTATE (  | TEARING HUU   |  | I. State Controlled Institution of Higher Learning   |
| New Continuation Revision              |   |  | C. Municipat  | J. Private University  |  |
|  |   |  |   | D. Township  | K. Indian Tribe                                      |
| If Revision, enter                     | r appropriate lette                     | er(s) in box(es)                                     |   | E. Interstate  | L. Individual  |
| A ( A                                  | and D.D.                                | rease Award C. Increase                              | Duration  |  | M. Profit Organization N. Other (Specify)            |
| A. Increase Aw                         | vard B. Deci<br>juration Other(s        |  | Duration  | G, Special District  | N. Other (Specify)                                   |
| D. Decibase D                          | diation Other(s                         | эреспу).   |   | 9. NAME OF FEDERA  | L AGENCY:  |
|  |   |  | Name of the State | U.S.D.A. Rural D   | evelopment   |
| 10. CATALOG C                          | OF FEDERAL DO                           | MESTIC ASSISTANCE NU                                 | JMBER:  | 11. DESCRIPTIVE TIT  | LE OF APPLICANT'S PROJECT:                           |
| •                                      |   |  | 1 0 - 7 6 0   | Alpaugh Water S  | ystem Rehabilitation Project.                        |
|  | Motor P Mo                              |  |   |  | stall water treatment, storage, and                  |
|  |   | ste Disposal Systems to DJECT (Cities, Counties, Sta |   | pressure facilities  | Replace portions of water distribution               |
|  |   |  |   | system.  |  |
| Town of Alpa                           | augh and surr                           | ounding area, Tulare (                               | County, California.   |  |  |
| 13. PROPOSED                           | PROJECT                                 | 14. CONGRESSIONAL DIS                                | STRICTS OF:   |  |  |
| Start Date                             | Ending Date                             | a. Applicant   |   | b. Project   |  |
|  |   | 20th - Dev   | in Nunes  |  | 20th- Devin Nunes                                    |
| 15. ESTIMATED                          | FUNDING:                                |  |   | 16. IS APPLICATION   | SUBJECT TO REVIEW BY STATE EXECUTIVE                 |
|  |   | ·  | 200   | ORDER 12372 PR   | OCESS?   |
| a. Federal                             | 1,933,000                               |  | 1,933,000   | a. YES. THIS PREA  | APPLICATION/APPLICATION WAS MADE                     |
| b. Applicant                           |   | \$   | .00   | AVAILABLE TO THE STATE EXECUTIVE ORDER 123 PROCESS FOR REVIEW ON:  DATE                      |  |
| c. State                               |   | \$   | 2,100,000   |  |  |
| d. Local                               |   | \$   | .00   | b. No.   PROGRAM IS NOT COVERED BY E. O. 12372<br>  OR PROGRAM HAS NOT BEEN SELECTED BY STAT |  |
| e. Other                               |   | \$   | . 00  |  |  |
| f. Program Incon                       | ne                                      | \$   |   | 17 IS THE APPLICAN   | NT DELINQUENT ON ANY FEDERAL DEBT?                   |
| g. TOTAL                               | *************************************** | \$   | 4,033,000 ´   | 1  | attach an explanation.                               |
| 18, TO THE BE                          | ST OF MY KNOW                           |  |   | L  | ION ARE TRUE AND CORRECT, THE                        |
| DOCUMENT H                             | AS BEEN DULY                            |  | VERNING BODY OF TH  |  | HE APPLICANT WILL COMPLY WITH THE                    |
| }                                      | f Authorized Rep                        |  | b. Title  |  | c. Telephone Number                                  |
| Rick Sroka                             |   |  | Chairman  | 74.4.4   | (559) 949-8199                                       |
| u. Signature of A                      | I ALLOS                                 | sentative Saka                                       | <i>(</i>  |  | e. Date Signed 9 - 12 - 03                           |